| GPN Number: 059-23   | Date of Notification:   | 11/09/2023   |  |  |
|--|---|--------------|--|--|
| (Completed by Finance Department   |   | (MM/DD/YYYY) |  |  |
| Parent Committee Agenda Date   | Grant Application Due Date:   | 11/15/2023   |  |  |
| (Completed by Finance Department   | i) (MM/DD/YYYY)   | (MM/DD/YYYY) |  |  |
| Name of Grant:   | FY24 Law Enforcement Camera Grant   |              |  |  |
| Name of Grantor:   | Illinois Law Enforcement Training & Standards Board   |              |  |  |
| Originating Entity:  | Illinois Law Enforcement Training & Standards Board (Name the entity from which the funding originates, if Grantor is a pass-thru entity) |              |  |  |
| County Department:   | Sheriff's Office  |              |  |  |
| Department Contact:  | Deputy Chief Dan Bilodeau x2402  (Name, Title, and Extension)   |              |  |  |
| Parent Committee:  | Judicial and Public Safety  |              |  |  |
| Grant Amount Requested:  | \$ 142,611.45   |              |  |  |
| Type of Grant:   | Competitive   |              |  |  |
| (Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify |   |              |  |  |
| Is this a new non-recurring Gran   | t:  |              |  |  |
| Source of Grant:   | ☐ Federal ☑ State ☐ Private ☐   | Corporate    |  |  |
| If Federal, provide CFDA: If State, provide CSFA:                                    |   |              |  |  |

1. Justify the department's need for this grant.

|    | The Sheriff's Office has purchased 180 body worn cameras. With those cameras body worn cameras assigned to the Law Enforcement Bureau. This grant covers Between 8/1/21 and 6/30/22. The Office has paid Axon \$47,520.00 for storage time frame 7/1/23 - 11/15/23. During this time the Office has paid Axon \$19,44 paid in the aforementioned time frames. In addition, the Office has purchased will provide reimbursement for the purchase of the cameras as well as storage for Guard is \$39,585.00, and Axon is \$35,585. Storage for the Axon Camera in-car of the associated hardware to go along with the Axon product. | the storage of the electronic data<br>during this time period. This gran<br>0.00.This will reimburse DuPage C<br>5 in-car cameras from Axon and W<br>for the Axon product. The price pa | a from the cameras.  It can also cover the  County for the cost  /atch Guard. This grant  aid for the Watch |
|----|--|---|---|
| 2. | Based on the County's Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.   |   |   |
|    | Body worn cameras relate to the County's Strategic Plan of Requality of life in DuPage County by making it a safe place to lebody worn cameras have shown to improve police profession accountable and as evidence during frivolous law suites.  | live, work and raise a fam  | ily. In addition,   |
| 3. | What is the period covered by the grant?   | $\frac{08/01/2021}{\text{(MM/DD/YYYY)}} t$  | :o: 11/15/2023  |
|    | 3.1. If period is unknown, estimate the year the project or project phase will begin and anticipated duration:   |   |   |
|    | 3.1.1 and<br>(MM/YY) (Duration)  |   |   |

4. Will the County provide "seed" or startup funding to initiate grant project? (Yes or No)

4.1. If yes, please identify the Company-Accounting Unit used for the funding

5.1. Prior to expenditure of costs (lump-sum reimbursement upfront)

5. If grant is awarded, how is funding received? (select one):

5.2. After expenditure of costs (reimbursement-based)

No

| 6. | Does the grant al    | low for Personnel Costs? (Yes or No                                   | o)   | No                       |
|----|----------------------|---|--|--------------------------|
|    | •                    | are the total projected salary and form of the grant? Compute County- | ringe benefit costs of personnel chargi<br>provided benefits at 40%. | ng time to the grant for |
|    | 6.1.1. Total sa      | alary   | Percentage covered by grant  |                          |
|    | 6.1.2. Total fr      | inge benefits   | Percentage covered by grant  |                          |
|    | 6.1.3. Are any       | of the County-provided fringe ber                                     | nefits disallowed? (Yes or No):                                      | Yes                      |
|    | 6.1.3.1.             | If yes, which ones are disallowed                                     | d?   |                          |
|    |                      | All are disallowed as the gran  | nt does not provide any personnel c                                  | osts.                    |
|    | 6.1.3.2.             | _   | % of the personnel costs, from what Co                               | mpany-Accounting Unit    |
|    |                      | will the deficit be paid?  There are no costs rel                     | ative personnel.   |                          |
|    | 6.2. Will receipt of | of this grant require the hiring of ac                                | dditional staff? (Yes or No):  | No                       |
|    | 6.2.1. If yes, h     | now many new positions will be cre                                    | eated?   |                          |
|    | 6.2.1.1.             | Full-time Part-tin  | ne Temporary   | _                        |
|    | 6.2.1.2.             | Will the headcount of the new p                                       | position(s) be placed in the grant accou                             |                          |
|    | 6.2.1                | .2.1. If no, in what Company-   | -Accounting Unit will the headcount(s)                               | (Yes or No be placed?    |

| 6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No) |                     | No  |             |      |
|---|---------------------|---|-------------|------|
| 6.3.1. If yes, please answer the following:   |                     |   |             |      |
|   | 6.3.1.1.            | How many years beyond the grant term?                             |             |      |
|   | 6.3.1.2.            | What Company-Accounting Unit(s) will be used?                     |             |      |
|   | 6.3.1.3.            | Total annual salary   |             |      |
|   | 6.3.1.4.            | Total annual fringe benefits                                      |             |      |
| 7.  | Does the grant allo | ow for direct administrative costs? (Yes or No)                   |             | No   |
| 7.1. If yes, please answer the following:   |                     |   |             |      |
|   | 7.1.1. Total es     | timated direct administrative costs for project                   |             |      |
|   | 7.1.2. Percent      | age of direct administrative costs covered by grant               |             |      |
|   | 7.1.3. What pe      | ercentage of the grant total is the portion covered by the grant  |             |      |
| 8.  | What percentage     | of the grant funding is non-personnel cost / non-direct administr | ative cost? | 100% |
| 9.  | Are matching fund   | ls required? (Yes or No):   |             | No   |
|   | 9.1. If yes, please | answer the following:   |             |      |
|   | 9.1.1. What pe      | ercentage of match funding is required by granting entity?        |             |      |
|   | 9.1.2. What is      | the dollar amount of the County's match?                          |             |      |

| 9.1.3.         | What Company-Accounting Unit(s) will provide the matching requirement?      |                     |
|----------------|---|---------------------|
| 10. What amo   | ount of funding is already allocated for the project?                       | \$142,611.45        |
| 10.1.          | If allocated, in what Company-Accounting Unit are the funds located?        | Sheriff Agency Fund |
| 10.2.          | Will the project proceed if the funding opportunity is not awarded? (Yes or | No): Yes            |
| 11. What is th | e total project cost (Grant Award + Match + Other Allocated Funding)?       | \$142,611.45        |